

Ercell H. Hoffman, L.M.F.T., M.A., M.L.A., M.P.A.  
4034 Elizabeth Street  
Compton, California 90221  
Tel.: (310) 631-5991 Fax: (310) 631-6442 Cell \_\_\_\_\_

October 29, 2007

MUR # 5951

2007 NOV -5 A 10:51

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
OFFICE OF GENERAL  
COUNSEL

Office of General Counsel  
Federal Election Commission  
999 E Street NW  
Washington, DC 20463

Attn: Office of General Counsel:

This letter is to file a complaint against Emmett Cash, III, CALIFORNIAN FOR OBAMA and or/CALIFORNIANS FOR CHANGE (ID #C00430892), P.O. Box 470586, Los Angeles, California 90047, for not returning the money I paid to take a cruise.

On 5/26/07, I paid \$2,423.76 to go on a ~~so~~ called, "Women of Power Cruise" that was to take place on Friday, September 21 2007 to Monday, September 24, 2007.

The Cruise was cancelled and Emmett Cash, III promised to refund my money. However, my money has not been refunded.

In a conversation with Mr. Cash of Monday, October 1, he told me that he had to "raise" my money before returning it to me.

In my view, these actions constitute fraud; both in promoting a cruise that was never to be, and fraud in not returning the money I paid to take the trip.

Please assist my in my attempt to get my money refunded.

Thank you so much.

Sincerely,

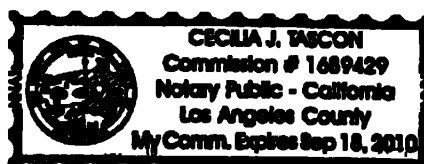


Ercell H. Hoffman, L.M.F.T.

Subscribed and sworn to before me on this 29 day of October 2007.

State of California County of Los Angeles  
Subscribed and sworn to (or affirmed)  
Before me on this 29 day of October 2007 by  
Ercell H. Hoffman  
personally known to me or proved to me on  
the basis of satisfactory evidence to be the  
person who appeared before me.  
Signature Cecilia J. Tascon

(Seal)



12044312400

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

700-424-6530

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines 12FE4M5

CALIFORNIANS FOR CHANGE

ADDRESS (in full)

1212 S VICTORY BLVD

(Check if address is changed)

BURBANK

CA

91502

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

lemcke@durkeeandassociates.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8182800857

2. DATE 08 / 08 / 2007

3. FEC IDENTIFICATION NUMBER C C00430892

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee

Date 08 / 08 / 2007

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Statement to the penalties of 18 U.S.C. 9437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-6530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
Candidate

\_\_\_\_\_

Candidate  
Party Affiliation

Office  
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

\_\_\_\_\_

- (d) This committee is a \_\_\_\_\_ (National, State  
(or subordinate) committee of the \_\_\_\_\_ (Democratic,  
Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY A

STATE A

ZIP CODE A

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

12044312402

Write or Type Committee Name

CALIFORNIANS FOR CHANGE

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Klode DurkeeMailing Address 1212 S. Victory Blvd.BurbankCA91502 -Title or Position TCITY ASTATE AZIP CODE ATreasurerTelephone number 818 - 280 - 0698

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer Klode DurkeeMailing Address 1212 S. Victory Blvd.BurbankCA91502 -Title or Position TCITY ASTATE AZIP CODE ATreasurerTelephone number 818 - 280 - 0698Full Name of  
Designated  
Agent Mailing Address Title or Position TCITY ASTATE AZIP CODE ATelephone number  -  - 

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

12044312404